

## Emergency Services District (ESD) Reporting Form Jan. 1, 2021

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Information received from this form will be transmitted to the Texas Division of Emergency Management in satisfaction of reporting requirements under Chapter 775 of the Health and Safety Code. This form is for the report required for Jan. 1, 2021.

Please familiarize yourself with the form before you begin submitting answers, because there is no mechanism to save the form and return later.

**ESD Name (i.e., Buffalo County ESD No. 99) \***

Montgomery County Emergency Services District No. 6

**County or Counties in Which ESD is Located \***

Montgomery

**ESD Business Address \***

Station 121

Street Address

23550 Loop 494

Street Address Line 2

Porter

City

Texas

State / Province

77365

Postal / Zip Code

United States

Country

**ESD email \***

cjohnson@porterfire.com

**ESD phone \***

<input type="text" value="281"/>	-	<input type="text" value="354-6666"/>
Area Code		Phone Number

**ESD website****Type of ESD \***

- ☒ Fire  
☐ Emergency Medical Service  
☐ Both

**Annual ESD Budget \*****Tax rate (most recently adopted; i.e., \$0.10/\$100) \*****Population of ESD****Area (sq. miles) of ESD****Does your ESD collect a sales tax?**

- ☒ Yes  
☐ No

If your ESD collects a sales tax, what is the rate of the sales tax? (i.e. 1/2 percent)

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**Name of Person Completing this Form \***

Nicole

First Name

Pierce

Last Name

**E-mail \***

pierce@coveler.com

**Phone Number \***

713

Area Code

984-8222

Phone Number

**Name of ESD President (Commissioner No. 1) \***

David

First Name

Miller

Last Name

**E-mail \***

N/A

**Term Expires (example: 12/31/20) \***

12/31/2021

**Name of ESD Vice President (Commissioner No. 2) \***

Therlyn

First Name

Cook

Last Name

**E-mail \***

N/A

**Term Expires (example: 12/31/19) \***

12/31/2021

**Name of ESD Secretary (Commissioner No. 3) \***

Larry

First Name

Trout

Last Name

**E-mail \***

N/A

**Term Expires (example: 12/31/19) \***

12/31/2020

**Name of ESD Treasurer (Commissioner No. 4) \***

John

First Name

Kelley

Last Name

**E-mail \***

N/A

**Term Expires (example: 12/31/19) \***

12/31/2020

**Name of ESD Commissioner (Commissioner No. 5) \***

Donnie

First Name

Click

Last Name

**E-mail \***

N/A

**Term Expires (example: 12/31/19) \***

12/31/2021

**Name of ESD's legal counsel \***

John

First Name

Peeler

Last Name

**Address**

Coveler &amp; Peeler, P.C.

Street Address

820 Gessner, Suite 1710

Street Address Line 2

Houston

City

Texas

State / Province

77024

Postal / Zip Code

United States

Country

**Phone Number**

713

Area Code

984-8222

Phone Number

E-mail \*

peeler@coveler.com

Name of ESD's general manager, executive director or administrator (N/A if none)

Jessica

Black

First Name

Last Name

E-mail

jblack@porterfire.com

Name of fire chief or EMS CEO

Carter

Johnson

First Name

Last Name

E-mail

cjohnson@porterfire.com

Names of Other Consultant

Maria

Felder

First Name

Last Name

Service provided (i.e. audit)

Bookkeeping

**E-mail**

mfelder@municipalaccounts.com

**Names of Other Consultant**

Mike

First Name

Others

Last Name

**Service provided (i.e. audit)**

Auditor

**E-mail**

mothers@mgsbpllc.com

**Question or comment**

**Submit Form**

Must be using Adobe Reader to submit form.

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